

TO: Lorraine Augostini

" FAX# 609-777-4496

FROM: \_\_\_\_\_

**JUVENILE  
OPD EXPERT WITNESS REQUEST FORM**

**Fill Out On Screen Then Print or Print Then Fill Out Legibly, Fill Out All Relevant Fields, Attach  
Supplemental Sheets as Needed**

**WAIVER          NON-WAIVER**

**CLIENT:**

**DOB:**

**RO#:**

**REGION:**

**ATTORNEY:**

**DATE:**

**UVCHH          """"RQQN    """"""""""""""""""""ORIGINAL REQUEUV"          """"SUPPLEMENTAL'TGS WGUV**

**CHARGES / ISSUE IN DISPUTE:**

**SYNOPSIS OF ALLEGED FACTS; REASON FOR PROPOSED USE OF EXPERT [Relate to Specific Case Facts  
and Defense/Advocacy Theory/ies]; and TYPE OF EXPERT REQUESTED:[For Waiver Cases, Also Describe  
Prior Adjudications and State's Reasons for Waiver]:**

**PROPOSEDEXPERT:**

**ADDRESS:**

**AREA OF EXPERTISE:**

**CV ON FILG**

**CV ATTACHEF**

**Phone:**

**Fax:**

**E-Mail:**

**OUT OF COURT: Time Required:**

**RATE:**

**IN COURT:          Time Required:**

**RATE:**

**Transportation/Other Cost [specify]:**

**Estimate Includes a Report? YEU**

**NQ**

**Estimate Includes Testimony? YES**

**NO**

**TOTAL COST [actual or estimated] SUBMITTED FOR APPROVAL: \$**

**REGIONAL APPROVAL? YES**

**NO**

**BY:**

**DATE:**

**IF RELEVANT ADDITIONAL INFORMATION REQUESTED BY HEADQUARTERS:**

**HEADQUARTERS APPROVAL? ""YES          NO**

**DECIDED BY:**

**DATE:**